

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>ASL</i>		<i>06-29-01</i>
O.I.P.E. CLASSIFIER		<i>43</i>	<i>7/17/01</i>
FORMALITY REVIEW	<i>EP</i>	<i>1125</i>	<i>8/20/01</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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*8-29 08/24*